### **APPLICATION DATA SHEET**

#### **Inventor Information**

Citizenship Country:

Inventor One Given Name: **MIRKO** Family Name: DANZ Name Suffix: Mailing Address Line One: Altdorfer Str. 35 Mailing Address Line Two: City: 90537 Feucht State or Province: Postal or Zip Code: City of Residence: State or Prov. of Residence: Country of Residence: Germany Citizenship Country: Germany Inventor Two Given Name: **JOHANNES** Family Name: **EXTRA** Name Suffix: Mailing Address Line One: Luitpoldstr. 48 Mailing Address Line Two: City: 91052 Erlangen State or Province: Postal or Zip Code: City of Residence: State or Prov. of Residence: Country of Residence: Germany

Germany

| Inventor Three Given Name:   | PETER           |
|--|-----------------|
| Family Name:   | WAGNER          |
| Name Suffix:   |                 |
| Mailing Address Line One:  | Kellerstr. 7    |
| Mailing Address Line Two:  |                 |
| City:  | 91217 Hersbruck |
| State or Province:   |                 |
| Postal or Zip Code:  |                 |
| City of Residence:   |                 |
| State or Prov. of Residence:   |                 |
| Country of Residence:  | Germany         |
| Citizenship Country:   | Germany         |
|  |                 |
| Given or Company Name of Applicants  |                 |
| Given or Company Name of Applicant:  |                 |
| Family Name, if any:   |                 |
|  |                 |
| Family Name, if any:   |                 |
| Family Name, if any: Name Suffix:  |                 |
| Family Name, if any: Name Suffix: Authority Code:  |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One:  |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two:  |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City:  |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province:   |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province: Postal or Zip Code:   |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province: Postal or Zip Code: City of Residence:                              |                 |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province: Postal or Zip Code: City of Residence: State or Prov. of Residence: |                 |

#### **Correspondence Information**

Name Line One:

Henry M. Feiereisen

Name Line Two:

Henry M. Feiereisen, LLC

Address Line One:

350 Fifth Avenue

Address Line Two:

Suite 4714

City:

New York

State or Providence:

NY

Country:

Postal or Zip Code:

10118

Telephone:

(212)244-5500

Fax:

(212)244-2233

Electronic Mail:

info@feiereisenllc.com

## **Application Information**

Title Line One:

METHOD FOR INSTALLING AN AUTOMATION COMPONENT

Title Line Two:

AND CORRESPONDING AUTOMATION SYSTEM

Title Line Three:

[Repeat for any additional lines]

Suggested classification:

Suggested Tech. Center:

**Total Drawing Sheets:** 

1

Suggested Dwg. Figure for Pub.:

**Docket Number:** 

DANZ-5

Application Type: [Utility]

Utility

Licensed US Govt. Agency:

Contract or Grant Numbers One:

Contract or Grant Numbers Two:

Secrecy Order in Parent Appl.?

if plant patent app.,

Latin Name of genus and species of plant claimed:

## Representative Information

Representative Number One:

020151

Representative Number Two:

[Repeat for extra registration numbers]

# **Domestic Priority Information**

| This application is a:          | US-National Phase of International Application |
|---------------------------------|--|
| Application One:                | PCT/EP2005/050369                              |
| Filing Date:                    | January 28, 2005                               |
|                                 |  |
| which is a:                     |  |
| Application Two:                |  |
| Filing Date:                    |  |
| [repeat if neccesary]           |  |
|                                 |  |
| Foreign Application Information |  |
| Foreign Application One:        | 10 2004 007 233.7                              |
| Filing Date:                    | February 13, 2004                              |
| Country:                        | Germany  |
| Priority Claimed:               | Yes  |
|                                 |  |
| Assignee Information            |  |
| Assignee Name:                  | Siemens Aktiengesellschaft                     |
| Address Line One:               | Wittelsbacherplatz 2                           |
| Address Line Two:               |  |
| City:                           | 80333 München                                  |
| State or Province:              |  |
| Country:                        | Germany  |
| Postal or Zin Code:             |  |